MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) **10/539869**	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		4					52						
3		1					53						
4							54						
5		1					55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11	1						61						
12		5					62						
13							63						
14							64						
15							65						
16		1					66						
17		1					67						
18							68						
19		1					69						
20		1					70						
21							71						
22							72						
23							73						
24		1					74						
25							75						
26							76						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	15						TOTAL DEP.						
TOTAL CLAIMS	17						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)

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